NOAA Form 56-28A (8-94)

U.S. DEPARTMENT OF COMMERCE

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION NOAA COMMISSIONED OFFICER BILLET DESCRIPTION

NOAA COMMISS	JIONED O	FFICER BILLET DESC	CRIFTION	
TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		FROM: ROUTING CODE: ADDRESS:		
THRU (Liaison Officer):				
BILLET TITLE: BILLET #:				
		PHONE NUMBER:		
RANK REQUESTED: (0-2. 0-3, 0-4, etc.)		(This block to be completed by liaison officer) IS THIS A NEW BILLET: YES NO		
GS/GM EQUIVALENT:		BILLET PRIORITY: A, B		
IMMEDIATE SUPERVISOR:	TITLE:		PHONE NUMBER:	
EDUCATIONAL REQUIREMENTS:	ļ			
OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC)				
1. GENERAL DESCRIPTION OF BILLET:				
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2. DUTIES AND RESPONSIBILITIES: a. Is this a supervisory billet? YES NO b. If so, state number and grade of personnel supervised. Number: Grade(s):				

3. CAREER DEVELOPMENT OPPORTUNITIES:	
4. ADDITIONAL COMMENTS:	
SIGNATURE OF SUPERVISOR:	DATE: